

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____ WELL ID _____
 Original Record Correction Change in Well Use

LOCATION OF WATER WELL

| | | | | | | | | | | | | | | |
|----------|--|-----------|--|---------|--|----------|--|-------|--|--------|----------|---|---|---|
| Latitude | | Longitude | | Section | | Township | | Range | | E W | Fraction | ¼ | ¼ | ¼ |
| Datum | | Elevation | | County | | | | | | | | | | |

WATER WELL OWNER

| | |
|-----------------------------------------|--|
| Name | |
| Business | |
| Address | |
| Well location at owner's address | |

WELL WATER USE

| |
|--|
| |
|--|

COMPLETION

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Depth of completed well: _____ ft. |
| Depth(s) groundwater encountered: (1) _____ ft.; (2) _____ ft.; (3) _____ ft.; (4) dry well |
| Static water level in well: _____ ft. measured below land surface on (mm/dd/yy): _____ measured above land surface on (mm/dd/yy): _____ |
| Estimated yield: _____ gpm |
| Water level was: _____ ft. after _____ hours pumping _____ gpm |
| Pump installed? Yes No |
| Water well disinfected? Yes No |
| Date disinfected (mm/dd/yy): _____ |
| Aquifer, if known: |

NEAREST SOURCE OF POTENTIAL CONTAMINATION

| |
|-----------------------------------------------------------|
| Source: _____ |
| Distance from well: _____ Direction from well: _____ |
| Source description: _____ |
| Source: _____ |
| Distance from well: _____ Direction from well: _____ |
| Source description: _____ |
| No potential source of contamination within 100 feet. |

CONSTRUCTION

| | |
|----------------------------------------------------------------------------------|---------------------------------|
| Borehole interval: from _____ to _____ ft. | Borehole diameter: _____ in. |
| from _____ to _____ ft. | _____ in. |
| Casing height above land surface: _____ in. | |
| If casing height is less than 12 in. has a variance been approved?* Yes No | |
| *variance not required for monitoring or environmental remediation wells | |
| Casing type: _____ | |
| Blank casing interval: _____ ft. to _____ ft. | |
| Blank casing diameter: _____ in. | |
| Casing joints: _____ | |
| Weight: _____ lbs/ft. | |
| Wall thickness or gauge no.: _____ | |
| Blank casing interval: _____ ft. to _____ ft. | |
| Blank casing diameter: _____ in. | |
| Casing joints: _____ | |
| Weight: _____ lbs/ft. | |
| Wall thickness or gauge no.: _____ | |
| Grout interval: _____ ft. to _____ ft. | |
| Grout material: _____ | |
| Grout interval: _____ ft. to _____ ft. | |
| Grout material: _____ | |
| Screen / perforation material: _____ | |
| Screen / perforation openings: _____ | |
| Screen / perforation intervals: From _____ ft. to _____ ft. | |
| Slot size _____ unit _____ | |
| From _____ ft. to _____ ft. | |
| Slot size _____ unit _____ | |
| Gravel pack intervals: Gravel pack not used: Gravel size _____ in | |
| From _____ ft. to _____ ft. | |
| Gravel pack not used: Gravel size _____ in | |
| From _____ ft. to _____ ft. | |

PERMIT & ID NUMBERS (AS REQUIRED)

| |
|-------------------------------------------------------|
| DWR Application No.: _____ |
| KDHE / EPA Project Code: _____ |
| Site Name: _____ |
| KDHE UIC Class V Form Completed: Yes No |
| County Permit: Yes No Permit ID: _____ |
| Lease Name & Well #: _____ |
| # of boreholes: _____ # of dewatering wells: _____ |

LITHOLOGIC LOG

| FROM | TO | LITHOLOGY INTERVALS |
|------|----|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

COMMENTS

| |
|--|
| |
|--|

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: _____. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

| | |
|------------|-------------------------------|
| Form | WWC5.2 - Water Well Record |
| Doc ID | 1678187 |
| Well Owner | City of Greensburg |
| Contractor | Clarke Well & Equipment, Inc. |

Lithology

| From | To | Lithology Intervals |
|------|-----|----------------------------|
| 0 | 5 | topsoil |
| 5 | 18 | sand,fine,clayey,brown |
| 18 | 38 | clay,brown,with sand |
| 38 | 60 | gravel,medium,clay streaks |
| 60 | 80 | gravel,coarse,clay streak |
| 80 | 93 | gravel,coarse |
| 93 | 105 | other,Big gravel |
| 105 | 114 | gravel,coarse |
| 114 | 133 | gravel,coarse,with clay |
| 133 | 135 | shale,unweathered |